

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS

NOV 25 2009

Clerk of Court

In Re: SUMMIT QUALITY HEALTH
SERVICES, INC.§
§
§
§

Case No. 99-39452-H3-7

Debtor(s).

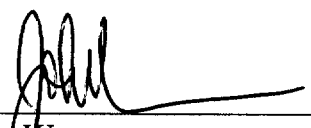
APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS
AND CERTIFICATE OF SERVICE

1. I am making application to receive \$366.07, which was deposited as unclaimed funds on behalf of EVELYN BEESON.
2. Applicant is entitled to receive the requested funds, has made sufficient inquiry and has no knowledge that any other party may be entitled to, and is not aware of any dispute regarding the funds at issue based upon the following:
 - ☐ a. Applicant is the creditor/debtor names in paragraph 1, and the owner of the funds appearing on the records of this Court, as evidenced by the attached documents.
 - ☒ b. Applicant is the attorney in fact for the creditor/debtor named in paragraph 1, with authority to receive such funds, or who is authorized by the attached original Power of Attorney to file this application on behalf of the creditor/debtor.
 - ☐ c. Applicant is the assignee or successor-in-interest of the creditor/debtor named in paragraph 1, or the representative of the assignee or successor-in-interest, as evidenced by the attached documents establishing chain of ownership and/or assignment.
 - ☐ d. Applicant is the representative of the estate of the deceased creditor/debtor named in paragraph 1, as evidenced by the attached certified copies of death certificate and other appropriate probate documents substantiating applicant's right to act on behalf of the decedent's estate.
 - ☐ f. None of the above apply. As evidenced by the attached documents, applicant is entitled to these unclaimed funds because:

3. I understand that pursuant to 18 U.S.C. § 152, I could be fined no more than \$5,000.00, or imprisoned not more than five years, or both, if I have knowingly and fraudulently made any false statements in this document or accompanying supporting documents. I further understand that any indications of fraud detected by the Court will be turned over to the U.S. Attorney for possible prosecution.

4. I declare under penalty or perjury under the laws of the United States of America that the foregoing statements and information are true and correct.

Dated: 11/18/09

Applicant's Signature: 

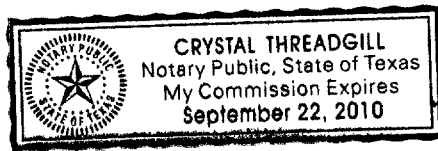
Applicant's Name: John Werner

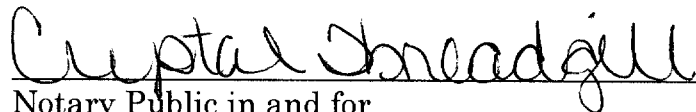
Address: P.O. Box 26005

Beaumont, TX 77720-6005

Phone: (409)838-1000

SWORN TO AND SUBSCRIBED TO BEFORE ME, the undersigned authority on this 18th day of November, 2009, to certify which witness my hand and seal of this office.





Notary Public in and for
The State of Texas

My Commission

Expires: 9/22/10

Attachments:

1. Contract
2. Original Settlement Check
3. _____
4. _____

Certificate of Service

I certify that on this 18th day of November, 2009, a true and correct copy of this application for payment of unclaimed funds was served by first class United States Mail on the following:

U.S. Attorney
P.O. Box 61129
Houston, TX 77208

U.S. Trustee
515 Risk Avenue, Suite 3516
Houston, TX 77002

EMPLOYMENT CONTRACT

THAT I, EVERETT BEASON, of Jefferson County, Texas, have this date employed REAUD, MORGAN & QUINN, INC., attorneys of Beaumont, Texas to represent me in the prosecution of a claim for damages sustained by me on or about the 1st day of September, 1999, while employed by Summit Quality Health Services

I hereby give the attorneys the exclusive right to take all legal steps necessary to enforce the said claim, or claims, and sign my name to any and all papers that may be necessary; provided that NO COMPROMISE OR SETTLEMENT OF MY SAID CLAIM SHALL BE MADE BY SAID ATTORNEY WITHOUT MY KNOWLEDGE AND CONSENT. * Subject to Class Action lawsuit

The client agrees and understands that any or all of the lawyers in the firm of REAUD, MORGAN & QUINN, INC., may handle or work on the case. The client agrees that the attorney retains the right to exercise full discretion over the manner and the pace of the investigation and proceedings in this case. The attorney may elect not to appeal my case if, in the exercise of the attorney's professional judgment, the attorney feels that an appeal would not benefit the final result in my case.

The law firm of REAUD, MORGAN & QUINN, INC. may employ other attorneys to assist the law firm of REAUD, MORGAN & QUINN, INC. in the preparation and prosecution of the client's case. Any such attorneys hired to assist the law firm of REAUD, MORGAN & QUINN, INC. will be paid out of the proceeds of the attorney's fees that you are agreeing to pay. In other words, you will not be obligated to incur any additional fees. IF YOU HAVE TAX QUESTIONS, YOU SHOULD CONSULT A TAX SPECIALIST. THIS FIRM DOES NOT GIVE TAX ADVICE.

In the event I agree to accept a structured payment and settlement of my case, the attorney's fee will be calculated based on the actual costs of the structured settlement.

In consideration of the services rendered by said attorney, I hereby assign and convey to said attorney as his compensation, the following present and undivided interest in said claim or claims:

35% if settlement is made before suit is filed.

40% if collection of settlement is made after suit is filed, whether or not the case proceeds to trial.

45% if notice of appeal has been given and appeal bond filed.

25% if Workers' Compensation or Longshore & Harbor Worker's as provided by law.

I further authorize said attorney to deduct from my portion of any recovery all expenses in this case, including, but not limited to, medical expenses, court costs and sheriff's fees, deposition expenses, long distance calls, postage expenses, copying expenses, and investigation expenses directly to the person or firms to whom the expenses are due. Regarding worker's compensation cases, I understand and agree that I will reimburse you in the amount approved by the Texas Workers' Compensation Commission for expenses you incur in connection with my claim, and this amount will be deducted from my recovery before calculating your fee. If my claim is resolved in court, I will be liable for all reasonable expenses you incur in connection with my claim.

The State Bar of Texas investigates and prosecutes professional misconduct committed by Texas attorneys. Although not every complaint against or dispute with a lawyer involves professional misconduct, the State Bar Office of General Counsel will provide you with information about how to file a complaint. For more information please call this toll free number: 1-800-932-1900.

I have read this instrument (or it has been explained to me) and I fully understand it. I acknowledge, swear, and affirm that I executed it for the purposes and consideration herein expressed.

EXECUTED at Beaumont, Texas, the 9 day of September, 1999.

REAUD, MORGAN & QUINN, INC.

ATTORNEY

TEXAS BAR NUMBER

CLIENT SIGNATURE

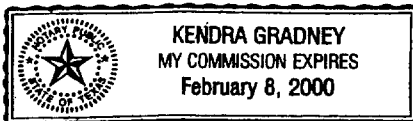
CLIENT'S SOCIAL SECURITY NUMBER

THE STATE OF TEXAS

COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority, a Notary Public in and for said County and State, on this day personally appeared Erlyn Beeson, known to me to be the person(s) whose name(s) is(are) subscribed to the foregoing instrument, who did swear and/or affirm that he/she/they executed the same for the purposes and consideration therein expressed.

19 09 GIVEN UNDER MY HAND AND SEAL OF OFFICE this the 9th day of September.



NOTARY PUBLIC

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER WITH THE "CHASE" LOGO FADING IN THE BACKGROUND

JPMORGAN CHASE BANK, N.A.
4 New York Plaza, 17th Floor, New York, NY 10004

Case: 99-39452-H3-7 H3
312802318766

Debtor: SUMMIT QUALITY HEALTH SERVICES, INC.

Dividend paid 37.82% on \$967.85; Claim# 52; Filed: \$1,577.60; Reference:

VOID AFTER 90 DAYS

TID #631380

KENNETH R. HAVIS
P.O. BOX 750
NAVASOTA TX 77868

Date 12/16/2008

\$ *****366.07

Pay to the Order of
Evelyn Beeson
c/o John Werner
P.O. Box 26005
Beaumont TX 77720-6005

~~~~Three Hundred Sixty-Six Dollars and 07/100

*Kenneth R. Havis*  
KENNETH R. HAVIS

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

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